

MDR Tracking Number: M5-04-2558-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 04-01-04.

The IRO reviewed MRI lumbar spine and x-ray lumbar spine rendered from 05-19-03 to 05-20-03 that were denied based upon “U”.

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
05-20-03	72148	\$1,495.00 (1 unit)	\$0.00	U	\$924.00	IRO DECISION	IRO determined service was medically necessary. Reimbursement in the amount of \$924.00 is recommended.
05-19-03	72100	\$62.00 (1 unit)	\$0.00	U	\$56.00	IRO DECISION	IRO determined service was not medically necessary. No reimbursement recommended.
TOTAL		\$1,557.00					The requestor is entitled to reimbursement of \$924.00

The IRO concluded that the x-ray of the lumbar spine on 05-19-03 **was not** medically necessary. The IRO concluded that the MRI of the lumbar spine on 05-20-03 **was** medically necessary.

Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees (**\$924.00**). Therefore, upon receipt of this Order and in accordance with §133.308(r)(9) the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for date of service 05-20-03 in this dispute.

This Findings and Decision and Order are hereby issued this 16th day of July 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 9, 2004

Re: IRO Case # M5-04-2558-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is a Board certified in Neurological Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior

to referral to ____ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ____ reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. MRI lumbar spine report 5/20/03
4. X-ray lumbar spine report 5/19/03
5. Letter from imaging center 6/3/04
6. M.D. medical reports
7. M.D. letter 4/13/04
8. Physical therapy reports

History

The patient is a 50-year-old male who in ____ was flipping some heavy objects and developed back pain. Because of the pain, the patient was examined on 5/5/03. The examination was normal, with straight leg raising being negative. The patient was given medications, and his work duties were restricted. The patient was seen in follow-up on 5/7/03 and was improved. On 5/12/03 his improvement had stabilized despite the use of medications and restricted activity. Straight leg raising was negative at that time, and his neurologic examination was normal. On 5/14/03 it was reported that there was 25% improvement, and straight leg raising was negative, but on 5/27/03 the patient was no better, despite medications and physical therapy. The patient was referred for orthopedic evaluation.

Requested Service(s)

WP 22 MRI lumbar spine, WP x-ray lumbar spine 5/19/03, 5/20/03

Decision

I disagree with the carrier's decision to deny the requested MRI.

I agree with the decision to deny the requested x-ray.

Rationale

The patient had had persistent symptoms for three weeks that was not relieved by medication and physical therapy at the time the MRI was performed. When pain persists three weeks after an injury there is frequently a finding of significant pathology despite the lack of objective neurologic findings. In addition, under circumstances of persistence of pain, it is not unusual for a spinal surgery consult to

ask for an MRI before the patient is seen. It was noted on 5/27/03, after the MRI was obtained, that an orthopedic consult was going to be sought as soon as possible.

The records provided for this review show no reason for a repeat plain x-ray of the lumbar spine on 5/19/03. It was indicated that a lumbar spine film was obtained on 6/7/03, soon after the patient was seen for the first time, and it was thought to be normal. I assume that the first x-ray showed the bullet fragment to the right of the spine at the T10 level, and that the x-ray was adequate to indicate that the bullet did not contra-indicate an MRI being obtained.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.